



# Long-Term Unit Closures

## BEHAVIORAL HEALTH DIVISION

### Milwaukee County Department of Health & Human Services

#### OVERVIEW

In April 2011 the Milwaukee County Board passed a resolution supporting the movement of the adult mental health system to a more community-based model for the delivery of services. In the 2012 County Budget, Milwaukee County Executive Abele made a \$3 Million investment to build on the existing capacity to jump start the expansion of community-based services. In February 2013 he announced the intent to close the long-term care rehabilitation units at the Behavioral Health Division which is a continuation of the trend to move the system to a more community-based model. This has been a consistent theme for the last ten years. The closure will mean that residents living at Rehab Hilltop and Rehab Central will be given the opportunity to live in the least restrictive environments and more integrated settings and be offered the chance to become more independent. This community-based model provides smaller settings that can facilitate better person-centered outcomes and success.

#### WHY WAS THIS DECISION MADE?

Closure of the long-term care units is not a sudden move and it was not a decision based on any incident, a quality of care issue at BHD, or an effort to save money. This move is the next natural progression in a series of downsizing phases over the past 25 years. There is also the Olmstead Law, which states that we should provide people with disabilities the opportunity to live in the most integrated setting possible in the community of their choice. Moving away from institutional care is also a trend on both the state and national levels and Milwaukee County is behind the curve. Discontinuing institutionalized long-term care treatment is also consistent with the goals and objectives of the Milwaukee County Mental Health Redesign. This decision is in the best interest of the people we serve and it is the right thing to do. In addition, new and specialized services will be developed to meet the unique need of many individuals being relocated. Our focus and paramount goal is on providing the healthiest and safest options for all people who will be relocated to community based settings.

#### WHAT ARE MY OPTIONS?

A team of clinical staff will be put in place and will assess each person to create a specific plan to meet his or her unique individual needs and goals. The individual plans include providing supported living options, treatment and other support services. Individuals and their families/guardians are involved in this process to ensure the best outcomes. Furthermore, individuals relocated to community living settings will be provided adequate support to ensure the plan is the right fit. The ultimate goal is to provide individuals with person-centered, recovery-oriented plans that set them up for success and true community integration.

**WHAT SUPPORTS WILL BE IN PLACE TO ENSURE COMMUNITY PLACEMENT IS SUCCESSFUL?**

Each individual's relocation plan will be based on a thorough needs assessment and will include a crisis plan. In addition to creating a plan, we are working to increase community capacity to ensure there are several safe options for individuals who might find themselves in a crisis situation. Evidence-based mobile crisis teams are already in place and we are working to bring on three new positions to staff these teams. Evaluations are underway to look into our area's current crisis capacity, including crisis respite sites available, to see if there is a need to ramp-up such programs. Staff is also working with local police to help improve protocols for people with mental illness who are in a crisis situation. Additionally, each individual will be regularly evaluated to make sure that his or her needs are met and services will be adjusted accordingly.

**WHAT IS THE TIMEFRAME?**

We will make sure to spend the necessary time and effort to ensure that everyone is safely relocated to the community with the proper supports needed for a successful transition. Based on previous closings, conversations with care management organizations and conversations with state officials, we believe this can be done within three years. The oversight that will be provided during the process will ensure that the units will not close if more time is needed.

**HAS THIS BEEN DONE IN THE PAST?**

BHD has been downsizing and successfully moving clients to the community since the 1990s. Several Hilltop units have been closed in favor of community-based options. A total of 30 large-scale facility closures have been completed across the state since 1999. As examples, closures include:

- Jackson Center (Milwaukee) - 79 individuals relocated in 10 months
- Hearthside Rehab ( Milwaukee) - 183 individuals relocated in 24 months
- Northern Wisconsin Center (State Facility) – 152 individuals relocated in 24 months

Large relocations have been completed in a shorter time frame than we are proposing. With this initiative we plan to relocate 116 individuals within 36 months.